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	RULE			

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** CONTINUING DATA ***** None BHH

** FOREIGN APPLICATIONS ***** None BHH

IF REQUIRED, FOREIGN FILING LICENSE

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 7	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<u>Bruce [Signature]</u> 5-2-07	Examiner's Signature	Initials		

ADDRESS

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TITLE

Article having multiple spectral deposits

FILING FEE RECEIVED 834	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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